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CONFIRMATION NO. 7980

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/465,891 04/25/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/20/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 12	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 11
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
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**TITLE**  
 TISSUE PROTECTIVE CYTOKINE RECEPTOR COMPLEX AND ASSAYS FOR IDENTIFYING TISSUE PROTECTIVE COMPOUNDS

<b>FILING FEE RECEIVED</b> 3632	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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